

FROM McANDREWS, HELD, & MALLOY

(MON) 6.12' 06 15:40/ST. 15:40/N0. 4861050392 P 1



McANDREWS, HELD & MALLOY  
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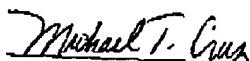
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TO:	Examiner Marceau Milord	FAX NO.:	(571) 273-8300
FROM:	Michael T. Cruz	USER ID:	8084
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Number of Pages This Transmission (Including Cover Page): 35

I hereby certify that the attached correspondence, including a Transmittal (1 page), a Fee Transmittal (1 page, filed in duplicate), a Request for Continued Examination (RCE) Transmittal (1 page, filed in duplicate), an Amendment Accompanying Request for Continued Examination (RCE) (25 pages), Information Disclosure Statement Letter (2 pages) and a PTO Form SB 08A (1 page, filed in duplicate), is being sent via facsimile transmission to Examiner Mareau Milord of the United States Patent and Trademark Office at (571) 273-8300 on June 12, 2006.

  
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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 34

Application Number 09/692,661

Filing Date October 18, 2000

First Named Inventor Jacob Rael

Art Unit 2618

Examiner Name Marceau Milord

Attorney Docket Number 15267US01

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## ENCLOSURES (check all that apply)

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|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (1 Page)              | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC  |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                   |
| <input checked="" type="checkbox"/> Amendment (25 Pages)                       | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)               |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                             | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Request for Continued Examination (RCE) Transmittal Form (1 Page) |
| <input type="checkbox"/> Extension of Time Request                             | <input type="checkbox"/> Terminal Disclaimer  | <input type="checkbox"/> Return-Receipt Postcard  |
| <input type="checkbox"/> Express Abandonment Request                           | <input type="checkbox"/> Request for Refund   | <input type="checkbox"/> Other Enclosure(s) (please identify below):                                  |
| <input checked="" type="checkbox"/> Information Disclosure Statement (3 Pages) | <input type="checkbox"/> CD Number of CD(s) _____                                       |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application        |   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53      |   |   |

## Remarks

*Fee Transmittal Form (1 Page), RCE Transmittal Form (1 Page) and PTO Form SB 08A (1 Page), which is part of Information Disclosure Statement, are each filed in Duplicate.*

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm McAndrews Held & Malloy, Ltd.Signature Michael T. CruzPrinted Name Michael T. CruzDate June 12, 2006

## CERTIFICATE OF FAX TRANSMISSION

I hereby certify that this correspondence is being sent via facsimile transmission to Examiner Marceau Milord at the United States Patent and Trademark Office at (571) 273-8300 on June 12, 2006.

Name (Print/type)	<u>Michael T. Cruz</u>	Registration No. (Attorney/Agent)	<u>44,636</u>
Signature	<u>Michael T. Cruz</u>	Date	<u>June 12, 2006</u>



FROM McANDREWS, HELD, &amp; MALLOY

(MON) 6.12'06 15:41/ST. 15:40/NO. 4861050392 P 4

PTO/SB/17 (01-08)

Approved for use through 07/31/2008. OMB 0651-0032  
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Fees pursuant to the consolidated Appropriates Act 2005 (H.R. 4818).

**FEE TRANSMITTAL  
for FY 2006** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** **3490.00**

METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number: 13-0017Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

 Charge Fee(s) indicated below Charge Fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fees(s)  Credit any overpayments  
under 37 CFR 1.16 and 1.17

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid(\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee(\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee(\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee(\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Small EntityFee(\$) Fee(\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total ClaimsExtra ClaimsFee (\$)Fee Paid (\$)Multiple Dependent ClaimsFee Fee Paid (\$)

147 - HP (HP=93) 54 x 50 = 2700.00